

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                              | 09129758  |          |        |                      |
|---|---|----------|--------|----------------------|
| <b>Filing Date:</b>                                     | 05-Aug-1998   |          |        |                      |
| <b>Title of Invention:</b>                              | MAMMAL NEURONAL ACID SENSING CATIONIC CHANNEL,<br>CLONING AND APPLICATIONS THEREOF. |          |        |                      |
| <b>First Named Inventor/Applicant Name:</b>             | RAINER WALDMANN   |          |        |                      |
| <b>Filer:</b>   | Richard L. Cruz/Anissa Tilghman   |          |        |                      |
| <b>Attorney Docket Number:</b>                          | 1099-00   |          |        |                      |
| Filed as Small Entity                                   |   |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |          |        |                      |
| Description   | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |   |          |        |                      |
| <b>Pages:</b>   |   |          |        |                      |
| <b>Claims:</b>  |   |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |   |          |        |                      |
| <b>Petition:</b>  |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |   |          |        |                      |
| Post-Allowance-and-Post-Issuance:                       |   |          |        |                      |
| <b>Extension-of-Time:</b>                               |   |          |        |                      |
| Extension - 4 months with \$0 paid                      | 2254  | 1        | 820    | 820                  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>1225</b>          |